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Bib Data Sheet

CONFIRMATION NO. 7273

SERIAL NUMBER 10/717,132	FILING DATE 11/18/2003 RULE	CLASS 424	GROUP ART UNIT 1654	ATTORNEY DOCKET NO. KONG-23
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APPLICANTS

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** CONTINUING DATA ***** *none*

** FOREIGN APPLICATIONS ***** *none*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
 ** 02/17/2004

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after <i>Allowance</i> Examiner's Signature Initials	STATE OR COUNTRY HONG KONG	SHEETS DRAWING 3	TOTAL CLAIMS 12	INDEPENDENT CLAIMS 2
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TITLE
 Methods and compositions for treating gastroparesis

FILING FEE RECEIVED 900	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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